



IOWA DEPARTMENT OF NATURAL RESOURCES
Resource Enhancement and Protection



REAP GRANT APPLICATION

Email application to tammie.krausman@dnr.iowa.gov by August 15th by 4:30 P.M.

Please use the following format for the electronic application:

- Application should be one file (including all appendices, letters, etc.), saved as a pdf.
 - Name file: ApplicantName.Shortprojectname.FY17.pdf
 - File cannot exceed 20MB or 20,480KB. Compressed pdfs will be accepted.

1. GRANT PROGRAM

- Private/Public Open Space County Conservation City Parks and Open Spaces

(For Private/Public - Name of DNR Field Staff involved in project: _____)

2. APPLICATION CONTACT

APPLICANT: City of Eldora CONTACT PERSON: Chris Wieting

EMAIL: Christ.Wieting@Thrivent.com TELEPHONE: 641-858-2050

APPLICANT MAILING

ADDRESS: 1442 Washington St CITY & ZIP CODE: Eldora, Iowa 50627

PROJECT 911 ADDRESS (if available): _____ COUNTY: Hardin

LATITUDE/LONGITUDE

COORDINATES: 42.361565, -93.104411

(To find Lat/Long Coordinates: Go to [Google Map](#). Right-click on the *primary public access point* for the project. Select **What's here?** In the search box at the top of the page, the coordinates will appear.)

3. PROJECT DESCRIPTION & COSTS

a. TITLE: Iowa River's Edge Trail

b. **PROJECT SUMMARY:** (Maximum of 75 words summarizing the REAP Grant request)

This phase of the Iowa River's Edge Trail will extend the existing segment 4.4 miles from the current terminus south of Hwy D35 to Hwy 175 (Edgington Ave) in Eldora. It will also rehabilitate 7 bridges within this segment and beyond to Gifford south of Eldora making the trail safe and usable throughout Eldora south to the Iowa River.

c. **TYPE OF PROJECT AND COSTS:** (For activities associated with this grant request only).

- | | | |
|--|---------------------------------------|---------------------|
| <input type="checkbox"/> Land acquisition* | Costs related to land acquisition: \$ | _____ |
| <input checked="" type="checkbox"/> Development | Costs related to development: \$ | <u>1,856,497.25</u> |
| <input type="checkbox"/> Other, please describe: _____ | Costs related to other activities: \$ | _____ |

AMOUNT OF REAP GRANT REQUESTED:
\$ 75,000

d. **Amount of local or match money*:** \$1,781,497.25

*25% minimum match is required for Private/Public Program only. No match is required for city and county grants.

4. PROJECT TIMELINE

a. Is the project a portion of a larger, overall project to be implemented over a multi-year period?

- No Yes, Number of years: 10 Estimated overall cost: \$20,000,000

b. ESTIMATED PROJECT DATES

Start: Oct. 1 2021 Completion: Sept. 30 2022

5. ACQUISITION SCHEDULE (Acquisition Projects Only)

Code*	Parcel Number on Map or Photo	# of Acres	Estimated Date of Acquisition	Average Price Per Acre	Estimated Value of Land Acquisition without incidentals	Estimated Value of Existing Improvements to be Acquired	Total Cost
TOTAL Parcels & Acres						TOTAL	
						Appraisal Costs	
						Survey Costs	
						Other Incidental Costs	
						Grant Total Land Acquisition Cost	
						Overall Cost per Acre Including Incidental	

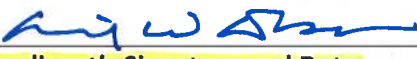

6. SIGNATURES

Upon signing in the space provided below, the applicant agrees to conform with the requirements in the following two paragraphs pertaining to ADA/Section 504 accessibility guidelines and civil rights assurance. (City and County Projects Only)

ASSURANCE OF COMPLIANCE WITH AMERICANS WITH DISABILITIES AND CIVIL RIGHTS ACTS

I, the undersigned, certify that the [City of Eldora or County Conservation Board] has reviewed Section 504 of the Rehabilitation Act of 1975, Title II of the American with Disabilities Act of 1990, the Age Discrimination Act of 1975, Title VI of the Civil Rights Act of 1964, and the Iowa Civil Rights Act of 1965, each Act as amended, and agrees to abide by all requirements from the Acts, associated regulations, guidance documents, and to any other related requirement imposed by federal or state law or the Iowa Department of Natural Resources, related to this project. Applicant-Recipient further agrees and gives full assurance that it will immediately take any and all measures necessary to effectuate the referenced laws and shall not, on the basis of race, color, creed, national origin, age, physical or mental ability, sex, sexual orientation, gender identity, religion, or retaliation, allow any person to be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under or from any project or activity undertaken by the Applicant-Recipient for which the Applicant-Recipient receives REAP grant dollars or other assistance from the Iowa Department of Natural Resources.

This assurance is binding on the Applicant-Recipient, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant-Recipient.

 , Aug. 10, 2021 
 Applicant's Signature and Date Applicant's Title

PRIVATE/PUBLIC GRANTS ONLY

 Applicant's Signature and Date

 Applicant's Title

CITY COUNCIL OR COUNTY CONSERVATION BOARD APPROVAL (City and County Projects Only)

I, the undersigned, certify that the city council of Eldora or County Conservation Board has on the date of reviewed this proposed project and approved its submittal for Resource Enhancement and Protection (REAP) grant consideration.

May 02
Signature of Mayor or County Conservation Board Chair

Aug 10, 2021
Date

COUNTY RESOURCE ENHANCEMENT COMMITTEE REVIEW/COMMENTS (Required for all grants) I, the undersigned, verify that the Hardin County Resource Enhancement Committee reviewed the proposed project for which this application is submitted. If the committee provided comments, a summary of those comments has been signed and dated by me and attached to this application.

Signature of Chair, County Resource Enhancement Committee

Date

For information on County REAP Committees, visit the [REAP County Committee webpage](#).

MINORITY IMPACT STATEMENT (Required for all grants)

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

• Describe the positive impact expected from this project:

• Indicate which group is impacted:

Women

Latinos

American Indians

Persons with a Disability

Asians

Alaskan Native Americans

Blacks

Pacific Islanders

Other

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

• Describe the negative impact expected from this project:

• Present the rationale for the existence of the proposed program or policy:

• Provide evidence of consultation of representatives of the minority groups impacted:

• Indicate which group is impacted:

Women

Latinos

American Indians

Persons with a Disability

Asians

Alaskan Native Americans

Blacks

Pacific Islanders

Other

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact: This project improves the trail corridor making it safe and accessible for all potential users.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Aug 10, 2021
Applicant's Signature and Date

Mayor
Applicant's Title

DEFINITIONS

"Disability" as defined in Iowa Code § 15.201(12)"b"(1) means "with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of

the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "Disability" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorders not resulting from physical impairments, or sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"Major life activity" as defined in Iowa Code section 15.102(12)"b"(2) includes "functions such as caring for one' self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working."

"Minority Persons" as defined by Iowa Code section 8.11(2)"b" means "individuals who are women, persons with a disability, African Americans, Latinos, Asian or Pacific Islanders, American Indians, and Alaskan Native Americans."

7. GRANT NARRATIVE

The outline below must be followed exactly. Use exact headings and reference numbers in the order presented in the outline. This section will be used by the REAP Review and Selection Committee for scoring purposes.

I.

